Approved for use through 09/30/00. OMB 0651-0032

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UTILITY		Attorney Docket No. TI-3625								
PATENT APPLICATION		First Named Inventor or Application Identifier Gary P. Morrison, et al. Title Ball Grid Array Package for High Speed Devices								
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(Only for new nonprovisional applications under 37 CFR 1.53(b))			Express Mail Label No.			EV334469140US				
APPLICATION ELEMENTS							ioner for Patents ()			
See MPEP Chapter 600 concerning utility patent application control		tents		Box Patent Application Washington, DC 20231						
1. X Fee Transmittal Form (Submit an original, and a	(e.g., PTO/SB/17) duplicate for fee processing)		6.	Mi	crofiche Compu	ter Program (A	ppendix) 10/2			
2. X Specification (preferred arrangement - Descriptive title of the	Invention	24	<i>I</i> 7.		e and/or Amino ble, all necessa					
- Cross References to - Statement Regarding	Fed sponsored R&D	•		b. [I to computer copy)			
- Reference to Microfiche Appendix - Background of the Invention				c. Statement verifying identical of above copies						
·	- Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description			ACCOMPANYING APPLICATION PARTS						
- Claim(s) - Abstract of the Disclo	sure	•	8.	X As	signment Paper	s (cover sheet	& Documents(s))			
3. X Drawing(s) (35 USC d	113) [Total Sheets	4	J 9.		CFR §3.73(b) S hen there is an a		X Power of Attorney			
4. Oath or Declaration	[Total Pages	1] 10.		iglish Translation					
a. X Newly Executed	d (original or copy)		11.		ormation Disclos atement (IDS)/P		Copies of IDS Citations			
b. Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed)			12.							
[Note	Box 5 below]		13.	13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						
i. DELETION OF INVENTOR(S) Signed statement attached deleting invenamed in the prior application, see 37 CFR \$1.63(d)(2) and 1.33(b).			14.		mall Entity atement(s)		ent filed in prior application till proper and desired			
			15.	Ce	PTO/SB/09-12) Tertified Copy of Poreign priority is		ent(s)			
5. Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a			16.		her:	,				
the oath or declaration is supplied under Box 4b, is considered being part of the disclosure of the accompanying application a hereby incorporated by reference therein.					required to be ent en filed in a prior ap		l entity fees, except peing relied upon.			
17. If a CONTINUING APPLICA			-			= :	·			
☐Continuation ☐Divisional ☐Cor Prior application information: Examiner			n-in-part	(CIP)	of prior Group / A	application No:				
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NAME ADDRESS				- , ,						
CITY STATE		TX	······							
COUNTRY	TELEPHONE	(972) 91	7-5653			FAX	(972) 917-4418			
Name (Print/Type)	Michael K. Skrehot			Registra	ntion No. (Atto		36,682			
Signature	Melle	1	-			7-1-03				

PTO/SB/17 (1/98)
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FEE TRANSMITTAL			Complete If Known						
			Application Number TBD					 	
for FY 2003				Filing Date			Herewith		
				First Named Inventor Examiner Name			Gary P. Morrison, et al.		
Express Mailing Label No.: EV334469140US			Group /				TBD TBD		
TOTAL AMOUNT OF PAYMENT	(\$) 768,00		Attorney				TI-36256		
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METHOD OF PAYMENT						ALCULATI	ON (continued)		
The Commissioner is hereby authorized to charge to the following Deposit Account, Deposit Account 20,0669			ADDIT						
Number	20-0668		Entity Fee (\$)	Smali Fee Code	Entity Fee (\$)	Fee	Description	Fee Paid	
Deposit Account Name Texas Ins	struments Incorporated	1051 1052	130 50	2051 2052	65 25	Surcharge - late filing fee Surcharge - late provisional filing fee or cover sheet.			
Charge any additional fee required or credit any overpayment	Charge all indicated fees and any additional fee required or credit any overpayment	1053 1812		1053	130	Non-English s			
orone any overpayment				1812	2,520		uest for reexamination		
2. Payment Enclosed:			920*	1804	920*	Examiner action			
ر ا	Money Other Order	1805	1,840*	1805	1,840*	Requesting pu Examiner action	blication of SIR after on		
FEE CALCU	JLATION	1251	110	2251	55	Extension for r	eply within first month		
1. BASIC FILING FEE		1252	400	2252	200		me within second month		
Large Entity Small Entity		1253	920	2253	460		me within third month		
Fee Fee Fee	Fee Description Fee Paid	1254	•	2254	720		me within fourth month		
Code (\$) Code (\$)		1255	1,960	2255	980	Extension of ti	me within fifth month		
1001 750 2001 370	Utility filing fee \$750	1401	320	2401	160	Notice of Appe			
1002 330 2002 165	Design filing fee \$	1402		2402	160	•	support of an appeal		
1003 510 2003 255	Plant filing fee \$	1403	280	2403	140	Request for or	•	_	
1004 740 2004 370	Reissue filing fee \$	1451 1452	,	1451 2452	1,510 55		itute a pubic use proceeding ve - unavoidable	9	
1005 160 2005 80	Provisional filing fee \$	1432	110	2432	55	retition to levi	ve - unavoluable		
SUBTOTAL (1) (\$)750			1,280	2453	640		ve - unintentional		
(\$)/30			1,280	2501	640	Utility issue fee	•		
2. EXTRA CLAIM FEES		1502 1503	460 620	2502 2503	230 310	Design issue fee			
2. EXTRA OLAMAT ELO		1460	130	1460	130		c Commissioner		
	Fee from	1801	740	2801	370	•	ontinued Examination (RCE	9	
Extra Cl	aims below Fee Paid	1806	180	1806	180		Information Disclosure Stm		
Total Claims 21 -20**= 1	x 18 = 18	8021		8021		•			
Independent 3 -3** = 0	x 84 = 0					properly (time	th patent assignment per number of properties)	,	
Multiple Dependent	260 =	1809		2809	370	CFR 1.129(a))			
**or number previously paid, if greater; For F	Reissue, see below	1810	740	2801	3/0		ional invention to be CFR 1.129(b))		
Large Entity Small Entity		1			*				
Fee Fee Fee Fee Code (\$) Code (\$)	Fee Description	1							
Code (\$) Code (\$) 1202 18 2202 9	Claims in excess of 20	Othe	Other fee (specify)						
1201 84 2201 42	Independent Claims in excess of 3								
1203 280 2203 140	Multiple dependent claims in excess of 3	I						·	
1204 84 2204 42	**Reissue independent claims over original patent	Other fee (specify)							
1205 18 2205 9	**Reissue claims in excess of 20 and over original patent	*Reduced by Basic Filing Fee Paid SUBTOTAL (3)							
,	30BIOTAL (2) (\$)18							===-	
SUBMITTED BY			· · · · · · · · · · · · · · · · · · ·				Complete (if applicable) Reg. Number 26,692		
Typed or Printed Name Michael K. Skrehot								36,682	
Signature MMMLT				7-7	1 - Q 3	<u> </u>	Deposit Account User ID		